## FOR THE TOWN OF HOLBROOK ENROLLEES



Active Employees, Survivors, and Retirees WITHOUT MEDICARE

*Includes 0.75% Administrative Fee* 

select & save quality. value.	TEACHER Who Retired  Before July 1, 2008			EMPLOYEE and Non-Medicare Retiree/Survivor		
	Pays Monthly %	Pays Monthly \$	Pays Monthly \$	Pays Monthly %	Pays Monthly \$	Pays Monthly \$
HEALTH PLAN		Individual Coverage	Family Coverage		Individual Coverage	Family Coverage
Fallon Community Health Plan Direct Care	10%	\$ 39.76	\$ 95.40	10%	\$ 39.76	\$ 95.40
Fallon Community Health Plan Select Care	10%	47.16	113.20	10%	47.16	113.20
Harvard Pilgrim Independence Plan	10%	51.36	124.24	10%	51.36	124.24
Health New England	10%	42.72	105.88	10%	42.72	105.88
Navigator by Tufts Health Plan	10%	48.64	117.36	10%	48.64	117.36
NHP Care (Neighborhood Health Plan)	10%	42.16	111.76	10%	42.16	111.76
UniCare State Indemnity Plan/Basic with CIC (Comprehensive)	10%	75.32	175.88	30%	226.00	527.56
UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive)	10%	71.88	167.80	30%	215.56	503.40
UniCare State Indemnity Plan/ Community Choice	10%	41.08	98.64	30%	123.28	295.88
UniCare State Indemnity Plan/PLUS	10%	52.16	124.52	30%	156.56	373.56

Retirees and Survivors WITH MEDICARE		Vho Retired <i>ly 1, 2008</i>	RETIREE AND SURVIVOR		
	Pays Monthl	y Per Person	Pays Monthly Per Person		
HEALTH PLAN	%	\$	%	\$	
Fallon Senior Plan*	10%	\$ 20.00	10%	\$ 20.00	
Harvard Pilgrim Medicare Enhance	10%	35.60	10%	35.60	
Health New England MedPlus	10%	35.72	10%	35.72	
Tufts Health Plan Medicare Complement	10%	32.52	10%	32.52	
Tufts Health Plan Medicare Preferred*	10%	16.84	10%	16.84	
UniCare State Indemnity Plan/Medicare Extension (OME) with CIC (Comprehensive)	10%	35.52	30%	106.60	
UniCare State Indemnity Plan/Medicare Extension (OME) without CIC (Non-Comprehensive)	10%	34.48	30%	103.40	

<sup>\*</sup> Rates are subject to federal approval and may change January 1, 2009.

Rates are Calculated by the Town of Holbrook Benefits Office.

Rate questions? Call: 1.781.767.4316